



Required Use of Contracted Laboratories for Genome and Exome Testing

Effective Date: Upon Publication

Aetna Better Health of Florida would like to remind providers and facilities that genome and exome sequencing must be performed by contracted laboratory providers to ensure claims are paid appropriately and to avoid unnecessary claim denials with the exception of rapid whole genome sequencing covered in inpatient settings.

Required Contracted Laboratories

- **Quest Diagnostics**
- **LabCorp**

Billing and Claims Guidance

- Genome and exome testing performed by non-contracted laboratories may result in claim denial
- Services rendered by non-participating laboratories are not reimbursable under the Plan
- Member must be 20 years of age or younger
- Must have a complex or acute illness of unknown origin.
- The illness must not be caused by environmental exposure, toxic ingestion, an infection with a normal response to treatment, or trauma.

No action is required from providers who are already utilizing contracted laboratories.

ABHFL Provider FAQ

Exome and Genome Testing – Authorization Requirements

1. Do exome and genome tests require prior authorization?

No. **Prior authorization is not required** for exome and genome testing when services are performed by a **designated participating laboratory** and all coverage criteria are met.

2. Which laboratories qualify as participating for this exemption?

The authorization exemption applies **only** when testing is performed by:

- **Labcorp**
- **Quest Diagnostics**

3. What happens if I use a laboratory other than Labcorp or Quest Diagnostics?

If a laboratory other than Labcorp or Quest Diagnostics is used:

- **Prior authorization is required**
- Claims submitted without authorization may be **denied**

4. Does this apply to all members and benefit plans?

Services must still:

- Meet **medical necessity requirements**
- Be consistent with **member benefits and coverage limitations**

Providers should continue to verify eligibility and benefits prior to rendering services.

5. Are there any documentation requirements?

Yes. Providers must:

- Maintain **complete medical records** supporting the need for testing
- Ensure documentation aligns with **clinical guidelines and policy requirements**

6. Are billing or coding requirements changing?

No. There are **no changes** to:

- Billing procedures
- Coding requirements
- Claims submission processes

7. What are common reasons claims may be denied?

Claims may be denied if:

- A **non-participating laboratory** is used without authorization
- Services do not meet **medical necessity criteria**
- **Member eligibility or benefits** do not cover the service

8. What steps should providers take to comply with this update?

Providers should:

- Route exome and genome testing to **Labcorp or Quest Diagnostics**
- Update internal workflows and referral patterns
- Educate ordering providers and staff on authorization requirements

9. Who can I contact with questions?

- **Provider Services:** [Insert Contact]
- **Provider Relations Representative:** [Insert Contact]

Key Takeaway

To avoid prior authorization requirements and potential claim denials, **providers should utilize Labcorp or Quest Diagnostics for exome and genome testing whenever possible.**